

APR. 21. 1999 3:31PM

NO. 0457 P. 75

Combined Declaration and Power of Attorney for Patent ApplicationDocket Number: 1565.0020001

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled Method and Kit for Transvenously Accessing the Pericardial Space via the Right Atrium, the

specification of which is attached hereto unless the following box is checked:

- ☐ was filed on _____;
as United States Application Number or PCT International Application Number _____; and
was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application, which designated at least one country other than the United States listed below, and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

_____ (Application No.)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

_____ (Application No.)	_____ (Filing Date)
_____ (Application No.)	_____ (Filing Date)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information that is material to patentability as defined in 37 C.F.R. § 1.56 that became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>08/841,344</u> (Application No.)	<u>April 30, 1997</u> (Filing Date)	<u>Pending</u> (Status - patented, pending, abandoned)
_____ (Application No.)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)

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Statement Claiming Small Entity Status
(37 C.F.R. §§ 1.9(e) and 1.27(d)) -- Nonprofit Organization

Applicant or Patentee: Richard L. Verrier and Sergio Waxman
Appl. or Patent No.: (to be Assigned) Attorney Docket No. 1365.0020001
Filed or Issued: (to be filed)
For: Method and Kit for Transvenously Accessing the Pericardial Space via the Right Atrium

I hereby state that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION Beth Israel Deaconess Medical Center, Inc.
ADDRESS OF NONPROFIT ORGANIZATION One Deaconess Road, Boston, Massachusetts 02215

TYPE OF NONPROFIT ORGANIZATION

- ☐ University or other institution of higher education
☒ Tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3))
☐ Nonprofit scientific or educational under statute of state of The United States of America
(Name of state _____)
(Citation of statute _____)
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3)) if located in The United States of America
☐ Would qualify as nonprofit scientific or educational under statute of state of The United States of America if located in The United States of America
(Name of state _____)
(Citation of statute _____)

I hereby state that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I hereby state that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention must file a separate statement indicating their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

Each person, concern or organization having any rights in the invention (other than the nonprofit organization named above) is listed below:

- ☐ no such person, concern, or organization exists.
☐ each such person, concern, or organization is listed below:

NAME _____
ADDRESS _____
() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b))

NAME OF PERSON SIGNING Mark Chalek
TITLE IN ORGANIZATION Director, Office of Corporate Research
ADDRESS OF PERSON SIGNING Beth Israel Deaconess Medical Center, Inc., One Deaconess Road, Boston, Massachusetts 02215
SIGNATURE Mark Chalek DATE 4/21/99

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.
1100 New York Avenue, N.W. • Suite 600 • Washington, DC 20005-3934 • (202) 371-2600

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